

Admissions Testing Procedures/Shadow Day

Kindergarten Play Date

When making application for a Kindergarten, children are required to attend a Kindergarten play date on a Saturday with several other prospective Kindergarten students. This affords Trinity's Kindergarten teacher the opportunity to see if an applicant has the social and emotional maturity to be successful in our Kindergarten program. Children are asked to bring a favorite object for show & tell. Play dates are generally held on designated Saturday mornings from 9:30-11 in January, February or March. Please contact Laurie Orlowski at 301-228-2333 to schedule your child's play date. A modest fee to cover testing costs will be charged.

Testing Procedures Grades 1 – 5

Step 1: When making application for Grades 1-5, prospective students are required to attend a "Shadow Day" at Trinity School. During the shadow visit, your child will attend a full day at Trinity School and be welcomed as one of the class. Prospective students have the opportunity to meet potential classmates and teachers and experience the culture at Trinity.

Step 2: In order to ensure that we can meet the needs of all incoming students, Trinity School requires testing as part of the application process. Parents can select from several assessment Saturdays, beginning in January, for their child to visit for about one and half hours to complete a reading, writing, and math assessment. Results will be tabulated and included as part of the application packet. A modest fee to cover testing costs will be charged.

Step 3: Parents take the recommendation forms and transcript release form to the student's current school.

Step 4: When the entire application packet is complete (application, application fee, recommendations, transcript, and assessment results), the application will be read by the Admissions Committee and a decision will be made. Families will be notified by mail of the result.

Testing Procedures Grades 6 – 8

Step 1: When making application for Grades 6-8, prospective students are required to attend a "Shadow Day" at Trinity School. On the shadow visit your child will attend a full day at Trinity School and be welcomed as one of the class for which they are making application. Prospective students have the opportunity to meet their classmates and teachers and experience the culture at Trinity. Additionally, during the shadow day, assessments in reading, writing, and math will be administered.

Step 2: In order to ensure that we can meet the needs of all incoming students, Trinity School requires testing as part of the application process. Applicants in Grades 6 – 8 are required to have a WISC IV. A list of testing locations is included in this packet.

OVER

Step 3: Recommendation forms and transcript release form need are taken to the student's current school. If possible, recommendation forms should be given to the current language arts and math teachers.

Step 4: When the entire application packet is complete (application, application fee, recommendations, transcript, and assessment results), the application will be read by the Admissions Committee and a decision will be made. Families will be notified by mail of the result.

Shadow Day Guidelines

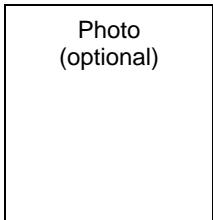
Your child should bring a lunch and a snack, and wear clothing that closely approximates the Trinity uniform (i.e. collared blue or white shirt, khakis or navy pants/skirt, and sneakers). Please contact Laurie Orłowski at 301-228-2333 to schedule your child's "Shadow Day". To be in compliance with Trinity food guidelines, we ask that no foods containing peanut or tree nuts included in your child's lunch or snack. In addition, please let contact information and any emergency information with the front desk.



Trinity School

of Frederick
2012-2013
Application for Admission

Photo
(optional)



Last Name First Name Middle Name Preferred Name

Street Address City State Zip Code

(_____) _____
Home telephone

Date of Birth

Age as of September 1, 2012

Grade Applicant Wishes to Enter

FAMILY INFORMATION

With whom does the child reside? Both parents _____ Mother _____ Father _____ Guardian _____

Father/Guardian's Full Name

Mother/Guardian's Full Name

Home Address

Home Address

City/ State /Zip Code

City /State /Zip Code

Home Telephone Work Telephone

Home Telephone Work Telephone

Cell Telephone E-mail Address

Cell Telephone E-mail Address

Occupation

Occupation

Employer

Employer

Sibling Name

Age

School

Sibling Name

Age

School

Sibling Name

Age

School

Religious Affiliation

Congregation or Parish

SCHOOL INFORMATION

Applicant's Current School

Grade

Street Address

Phone

PLEASE CONTINUE ON THE REVERSE SIDE

Please submit to teacher by February 1

CONFIDENTIAL

(At least one recommendation must be from student's math teacher and the other from the student's language arts teacher.)

INDEPENDENT SCHOOL STUDENT RECOMMENDATION

Entering grades 6 - 8

Name of Student _____ Application for grade _____

I have known this candidate for _____ years. My relationship has been that of _____

Date: _____

To the teacher or school director: We appreciate your cooperation in completing this form. The items below ask for your sense of this student's relationship within the school community, emotional and social growth, and intellectual development. Your insight will help us to get to know the child. We understand the difficulty in evaluating a student, and are fully aware that children are constantly growing, changing, and developing. Please return directly to Trinity School of Frederick by March 5th. Thank you for your help.

What are the first words that come to mind in order to describe this candidate?

What are the applicant's special interests?

For the following items, please mark one or more responses that may pertain to each. You may adjust the placement of the check mark to the left or to the right within a given section to indicate gradations in your evaluation.

| | | | | | Comments |
|--|----------------------|-------------------------------|------------------------|---------------------|----------|
| Conduct | Good conduct | Usually good conduct | Occasional misconduct | Frequent disruption | |
| Consideration for others | Unusually thoughtful | Usually considerate | Inconsiderate | Unkind | |
| Social relationships with peers | Healthy relationship | Has occasional minor problems | | Relates poorly | |
| Leadership ability | Excellent | Good | Average | Poor | |
| Emotional maturity | Very mature | Average | Somewhat immature | Very immature | |
| Self-confidence | Healthy self-image | Needs some support | Seems overly confident | Poor self-image | |
| Integrity | Trustworthy | Usually trustworthy | | untrustworthy | |
| Sense of humor | Highly developed | Good | | Poorly developed | |
| Sense of responsibility | Responsible | Usually responsible | Sometimes responsible | Rarely responsible | |
| Relationship with adults | Is comfortable | | Avoids contact | Is dependent | |
| Participation in extra-curricular activities | Enthusiastic | Frequent | Occasional | Rare | |

| | <i>Excellent</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> |
|--------------------------------------|------------------|-------------|-------------|-------------|
| Study habits | | | | |
| Self-motivation | | | | |
| Organization of time and work | | | | |
| Intellectual curiosity | | | | |
| Attention span | | | | |
| Ability to express ideas orally | | | | |
| Ability to follow directions | | | | |
| Ability to work in a group | | | | |
| Ability to work independently | | | | |
| Perseverance | | | | |
| Academic promise | | | | |
| Academic achievement | | | | |
| Attendance | | | | |
| Parent cooperation | | | | |
| Parent involvement in school affairs | | | | |
| Reads for pleasure | | | | |

We would appreciate additional comments and observations concerning the strengths, weaknesses, health, or special needs of this student. We welcome any other information that you think might be helpful. You may use a separate sheet of paper for further comments in any category.

*I understand and agree that this document is an exchange of private information between me and Trinity School of Frederick. **This information will not be shared with the student's parents and will be mailed or delivered directly to the school, not via the parents.***

Signature

Print or type name

School

Telephone/ Email

Please return this form directly to: **Trinity School of Frederick**
6040 New Design Road
Frederick, Maryland 21703-6550

Trinity School of Frederick admits qualified applicants without regard to race, color, national or ethnic origin, or religion and does not discriminate in administration of financial aid or other school-administered programs.

Transcript Release

Student _____

Date of Birth _____

To Parent or Guardian:

Please sign this permission form and send it to your child's last attended school.

I give permission for _____ to release my
(Name of School)

child's records to Trinity School of Frederick.

Signature of parent or guardian

Date

To the Registrar:

This student has applied to Trinity School of Frederick.

In order to have a complete record of this student's education, we need a transcript from your school. Please send the transcript to:

**Trinity School of Frederick
6040 New Design Road
Frederick, Maryland 21703 - 6550**

Thank you.